

Egremont Urban District Council.



ANNUAL REPORT  
ON THE  
Public Health of Egremont  
FOR THE YEAR 1908.  
BY  
GEORGE CALDERWOOD, M.D.,  
MEDICAL OFFICER OF HEALTH.

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1909.



## *To the Egremont District Council.*

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Gentlemen,—

In presenting my Annual Report for the year 1908 I am glad to say that we have not been visited by epidemics in any great severity, and that our death-rate for the whole district is somewhat lower than the average for the ten preceding years. In the early part of the year we had some Influenza, which increased somewhat, and by the month of March it may have merited the term epidemic. Though not so severe as on many former occasions, yet its presence aggravated the bronchial and pneumonic affections which generally prevail at that season, and increased considerably the normal death-rate. By the end of April the Influenza had abated, and the death-rate fell to the usual rate. I have on former occasions pointed out the tendency of Influenza to increase the normal death-rate by aggravating and making more serious any chest complaints from which the patients might be suffering, and the necessity on the part of the public at such times to exercise a greater amount of care so as to avoid ordinary colds or chills, the idea being to have your Influenza—if you must have it—by itself, and not plus something else.

During the summer months the health of the district was exceedingly good and the death-rate low, but in the latter part of the year the weather conditions became worse, causing an increase in the general sickness.

During the year 1908, 90 deaths arose in the whole district from all causes, giving a general death-rate of 14.28 per 1000 per annum. For the previous year the general death-rate was 16.19. The average death-rate for the last ten years was 14.4, so that we are just below that in the present year.

The births during the year numbered 195—100 boys and 96 girls—giving a birth-rate of 31.11 per 1000 per annum. The birth-rate for the preceding year 28.7.

The deaths under 5 years of age numbered 32, giving an infantile death-rate of 5.07 per 1000 per annum. The corresponding death-rate for the previous year was 4.6. Under one year 23 deaths arose in the whole district, giving a purely infantile death-rate of 3.6 per 1000 per annum. The corresponding death-rate for 1907 was 2.8.

In comparing these figures with the previous year it will be seen that though the death-rate for the year is lower as a whole, the infantile death-rate is slightly higher. This may be accounted for by the higher birth-rate, as a higher birth-rate is always accompanied by a higher infantile death-rate. In proof of this we had in 1907 a birth-rate of 28.7 and 18 deaths under one year, and in 1908 a birth-rate of 31.11 and 23 deaths under one year. The mortality during the first year is greater than the mortality during any other year. In fact it is much more than this. In 1908 we had 23 deaths under one year, 9 between 1 and 5 years, 5 between 5 and 15 years, and 5 between 15 and 25 years, that is, 19 deaths between one and 25 years. It is thus seen that more deaths occur in the first year of infant life than in all the years between one and 25 put together. The importance of the preservation of infant life during the first year therefore becomes apparent. I have always held that next to a satisfactory state of the general sanitary conditions of the district, the greatest hope of lowering the death-rate lies in the endeavour to diminish infantile mortality, by

teaching the people the rules that ought to regulate every household in the proper feeding, clothing, and rearing of children. In respect to Phthisis, a disease which is receiving an increasing amount of attention from Public Authorities, we had this year 11 deaths. During the year 1907 we had 12 deaths from this cause. One noticeable point in reference to this disease is that we had at Moor Row one case more than we had at Egremont, though the population of the former place is much smaller. An explanation of this lies in the fact that most of the deaths there were due to Miners' Phthisis contracted by the men in South Africa and who had come home. Good lives fall a prey to this disease so contracted who would otherwise have escaped it.

During the year 31 cases of infectious diseases have been reported, of which 20 were cases of Scarlatina, 9 cases of Membranous Croup, and 2 of Erysipelas. All the Scarlatina cases and the 2 cases of Erysipelas occurred at Egremont. Of the 9 cases of Membranous Croup 7 occurred at Egremont and 2 at Moor Row. On looking over these figures it will be seen that as a whole we have been free from diseases of an infectious character. All the cases of Scarlatina occurred at Egremont, but during the previous year all such cases occurred at Moor Row and Bigrigg. A greater number of Membranous Croup occurred this year compared to last. This was probably due to the extremely changeable nature of the weather in the latter part of the year, which induced more readily inflammation of the air passages.

I now proceed to give the vital statistics of the various localities into which the district is divided.

#### EGREMONT.

Fifty-six of the 90 deaths occurred in the town of Egremont, giving to this place a death-rate of 13.3 per 1000 per annum. The corresponding death-rate for 1907 was 16.6.

Of the 56 deaths 14 occurred under 1 year, 7 between 1 and 5 years, 4 between 5 and 15 years, 2 between 15 and 25

years, 14 between 25 and 65 years, and 15 at 65 years and upwards. In children under 5 years 21 deaths arose, giving an infantile death-rate of 5.0 per 1000 per annum. Last year the corresponding death-rate was 4.7. At 65 years and upwards 15 deaths arose, giving a senile death-rate of 3.4 per 1000 per annum. The senile death-rate the previous year was 4.04.

### MOOR ROW AND SCALEGILL.

Of the 90 deaths 21 occurred at Moor Row and Scalegill, giving to those places a death-rate of 14.3 per 1000 per annum. The corresponding death-rate for the previous year was 12.3.

Of the 21 deaths 4 occurred in children under 1 year, one between 1 and 5 years, one between 5 and 15 years, 2 between 15 and 25 years, 5 between 25 and 65 years, and 8 at 65 years and upwards. Under 5 years of age 5 deaths arose, giving an infantile death-rate of 3.4 per 1000 per annum. The infantile death-rate for the previous year was 2.7. At 65 years and upwards the 8 deaths that arose give a senile death-rate of 5.4. The corresponding death-rate for the previous year was 4.1.

### BIGRIGG.

Thirteen of the 90 deaths occurred at Bigrigg, giving to this place a death-rate of 20.3 per 1000 per annum. Last year the death-rate was 21.8.

Of the 13 deaths 4 occurred in children under 1 year, one between 1 and 5 years, one between 5 and 15 years, one between 15 and 25 years, 3 between 25 and 65 years, and 3 at 65 years and upwards. Under 5 years of age 5 deaths arose, giving an infantile death-rate of 7.8 per 1000 per annum. The death-rate the previous year was similar. At 65 years and upwards the 3 deaths that arose give a senile death-rate of 4.6 per 1000 per annum. The corresponding death-rate the previous year was 6.2.

## DAIRIES, COWSHEDS, and MILKSHOPS' ACT.

These places have again been visited by the Inspector and myself. We found that the recommendations we had made on our former visit had been carried out, and where anything in addition was required recommendations were given in that direction. The improvement that has taken place in the district since the Council adopted this Act has been very great indeed. My first visit after the adoption of this Act revealed a sad condition of matters. I little thought that the animals that provided one of the most necessary articles of our diet, that produced what is the sole food of a considerable portion of our infant population, were allowed to live under the insanitary conditions found existing. In the matter of air space, ventilation, and lighting, many of the places were woefully deficient. Some of the places were so bad that they had to be condemned and new byres substituted, and most of them had to be re-constructed and altered in such a way as to carry out the necessary requirements. All this has been happily remedied, and the condition of our district is now satisfactory. It is now many years since the Council entered on this work, but as time goes on it only serves to show in an increasing degree the importance of it. Those who are engaged in the crusade for the improvement of our milk supply have two main objectives in view, viz: the distribution of clean, and the abolition of tuberculous milk. There is little doubt that tuberculosis in cows, so common at the present day, though not so common as formerly, is the direct result of the stuffy, close, ill-ventilated, ill-lighted, and altogether insanitary surroundings under which cattle have been compelled to live for centuries. There is also little doubt that Phthisis, and other forms of this disease, one of the greatest scourges from which mankind suffers, and which demands such a heavy toll in deaths annually, is extremely likely to be caused by consuming the flesh and using the milk of animals suffering from tuberculosis. The public are grasping this fact, and at the present time are loudly calling out for remedial measures. In our

own district—a purely country one—I have recommended that each cow should have not less than 400 cubic feet of air-space. This combined with good ventilation and lighting is sufficient to enable the animals to live under healthy conditions, and should in time have a beneficial effect in reducing the number of tuberculous cows. It is not sufficiently understood that good lighting, is essential in cow-sheds. Experiments have shown, however, that the tubercle bacilli are capable of living 18 days in places that are dark and ill-lighted, but succumb where plenty of sunshine is admitted in 3 days. The connection between human and animal tuberculosis has now been completely established, and it is clearly our duty as a first step in our efforts to eradicate this disease, to endeavour to diminish the number of tuberculous cattle. Animals possessing tuberculous udders are the greatest culprits in spreading this disease. The milk of such animals shows the presence of tubercle bacilli in large numbers. Though such cows are more dangerous than others, yet the milk of others whose udders show no disease, but who have tuberculosis of the lung as shown by cough, emaciation, etc., shows also the presence of tubercle bacilli though in less number. This is clearly shown by the reports of the Royal Commission now considering this matter. The more this question is gone into the more serious it looks, and it is obvious to every one that something must be done. But what shape is that something to take? I do not believe it is any good nibbling at this question. Radical measures ought to be taken, and the first step I would recommend is that all tuberculous cows should be slaughtered. I quite recognise the fact that this is a very large order, but we could at least begin by the slaughter of all animals possessing tuberculous udders, they being the worst, and by continuing our supervision of cowsheds, ensure that those remaining would live under proper sanitary conditions. This would be quite a feasible plan, as although it is estimated that 40 per cent. of dairy cows are tubercular, of these only something like 2 per cent. possess tuberculous udders. It is gratifying to find that since the supervision of Dairies and

Cowsheds the amount of tuberculous milk distributed to the public has fallen by one-third. This in itself represents a great improvement. The point I wish to emphasize and bring before you is that in our present efforts at reducing tuberculosis in every form, including consumption, we should begin at the beginning and stamp it out at its *fons et origo*. We do not know how much of the consumption prevailing at the present time is due to consuming the meat and milk of tuberculosis animals, and how much to infection from cases of the disease in human beings, though I think that the former is the more responsible. At any rate we have it in our power to eliminate the former cause by the means I advocate, and our subsequent course would be much easier. We are establishing all over the country Sanatoria for the cure of Consumption involving enormous expense, while at the same time we allow conditions to prevail which it has been incontestably proved, tend to produce that very disease. This seems to me to be an anomaly which should be ended. Let us, as I said, begin at the beginning. Prevention is better than cure. This question is a very important one, a national one, and probably ought to be taken up by the Government, but I feel sure that before long measures will be taken by the ruling powers in the direction I have indicated. The Council may rest satisfied that in assisting their officers to carry out the provisions of this Act—and sometimes the opposition is great—they are moving in a matter of the greatest importance to the community at large.

#### FACTORY AND WORKSHOPS ACT.

All such places have been visited by the Inspector and myself, and I am glad to say we found them in a satisfactory condition. The air-space, ventilation, lighting, and drainage are such as are required, and all recommendations made have been carried out. An abstract of the Act is displayed in each place. On it directions for their guidance are given, and we have indicated the number of workers that may be employed, according to cubic space.

During the year I have presented 12 reports to the Council dealing with vital statistics, and any matter which for the time being required to be considered. I have also, with the Nuisance Inspector made a house to house inspection, and am glad to say that, with trifling exceptions, we found everything satisfactory. During the year the Inspector has served 4 printed, 85 written, and 36 verbal notices on matters requiring attention, all of which have been attended to. Fourteen privies have been converted into water closets during the year.

It will be within the recollection of the Council that I have recommended the conversion of the privies in East and Brisco Road into water closets. This improvement has till now been delayed by the destruction of the sewer from these places to the main sewer through mining operations. This has now been restored, and I advise the work to be proceeded with immediately. The sewers continue to act efficiently. The water supply continues good, and when the restoration of the new pipes to Bigrigg and Moor Row is completed, these places should have no reason for further complaint.

I am,

Gentlemen,

Yours, &c.,

GEORGE CALDERWOOD,

Medical Officer of Health.

*The following Tables are compiled to enable the Council to see at a glance important matters.*

### BIRTHS.

196 or 31.11 per 1000 per annum.

### DEATHS.

90 or 14.28 per 1000 per annum.

#### Deaths under Five Years of Age.

32 or 5.07 per 1000 per annum.

#### Showing the percentage of Infant and Senile Deaths.

Deaths under 1 year—23 or 3.6 per 1000 per annum.  
Deaths at 65 years and upwards—26 or 4.1 per 1000 per annum.

#### Showing the Deaths from the Ten Principle Zymotic Diseases.

5 or 0.79 per 1000 per annum.

Smallpox	...	...	...	0
Scarlatina	...	...	...	0
Diphtheria and Membranous Croup			...	4
Typhus Fever	...	...	...	0
Typhoid Fever	...	...	...	0
Whooping Cough	...	...	...	1
Measles	...	...	...	0
Diarrhoea and Dysentery	...	...	...	0
Erysipelas	...	...	...	0
Puerperal Fever	...	...	...	0
				5

#### Showing the Death-Rate in the Separate Localities.

Egremont—56 or 13.3 per 1000 per annum.  
Moor Row and Scalegill—21 or 14.3 per 1000 per annum.  
Bigrigg—13 or 20.3 per 1000 per annum.

#### Showing the Zymotic Death-Rate in the Separate Localities.

Egremont—4 or .95 per 1000 per annum.  
Moor Row and Scalegill—1 or .68 per 1000 per annum.  
Bigrigg—0 or nil.

Showing the Death, Birth, and Zymotic rate since 1884.

	DEATHS.	BIRTHS.	ZYMOTIC.
1884	97 or 16.1 per 1000 per annum.	231 or 38.5 per 1000 per annum.	11 or 1.8 per 1000 per annum.
1885	89 or 13.53	226 or 36.3	8 or 1.2
1886	89 or 13.69	229 or 35.2	8 or 1.2
1887	123 or 18.9	119 or 13.5	25 or 3.8
1888	79 or 12.15	234 or 36.0	8 or 1.23
1889	87 or 12.46	250 or 35.46	2 or 0.307
1890	85 or 12.78	210 or 31.57	8 or 1.20
1891	88 or 13.96	228 or 36.19	5 or 0.79
1892	103 or 16.34	200 or 31.74	13 or 2.06
1893	102 or 16.19	205 or 32.55	5 or 0.79
1894	68 or 10.79	208 or 33.01	5 or 0.95
1895	97 or 15.35	202 or 32.96	10 or 1.58
1896	100 or 15.87	204 or 32.38	8 or 1.26
1897	62 or 9.841	118 or 26.66	6 or 0.952
1898	98 or 15.55	174 or 27.61	9 or 1.42
1899	63 or 10.0	155 or 24.6	4 or 0.63
1900	107 or 16.98	165 or 26.19	15 or 2.38
1901	68 or 11.72	171 or 29.48	3 or 0.51
1902	86 or 14.82	179 or 30.86	6 or 1.03
1903	97 or 15.9	178 or 29.5	5 or 0.83
1904	87 or 14.26	177 or 29.02	2 or 0.32
1905	111 or 17.77	184 or 29.2	10 or 1.58
1906	72 or 11.42	181 or 28.7	4 or 0.63
1907	102 or 16.19	181 or 28.72	5 or 0.79
1908	90 or 14.28	196 or 31.11	5 or 0.79

EGREMONT URBAN DISTRICT.

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*TABLE I.—Vital Statistics of whole District during 1908 and previous years.*

YEAR.	Population estimated to middle of each year. 2	BIRTHS. Number 3	TOTAL DEATHS REGISTERED IN DISTRICT.			Nett Deaths at all Ages belonging to the District.		
			Under 1 year of age.		At all Ages.		Institutions beyond the District.	
			Rate per 1000 Births register'd 4	Number 5	Rate per 1000 Births register'd 6	Number 7	Rate*	Number 8
1898	6300	174	27.6	22	126	98	15.5	
1899	6300	155	24.5	14	90.5	63	10.0	
1900	6300	165	26.19	26	145	107	16.93	
1901	6300	171	27.14	16	90.5	93	11.72	
1902	5800	179	28.5	3	44.4	80	14.84	
1903	5800	178	28.2	25	140.4	97	15.9	
1904	6100	177	28.0	21.9	112.4	87	14.26	
1905	6300	184	29.2	33	179	112	17.77	
1906	6300	181	28.7	19	104	72	11.42	
1907	6300	181	28.7	18	99	102	16.19	
Averages for years 1898-1907		174.5	27.7	20.2	112.9	91.6	14.4	
1908	6300	196	31.11	23	117.3	90	14.28	

\* Rates in columns 4, 8 and 13 calculated per 1900 of estimated population.

NOTE.—The deaths to be included in column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-Residents," is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of deaths in which corrections have been made should be given on the back of this Table.

Total Population at all ages	... ..	6300	At Census
Number of Inhabited houses	... ..	1260	of
Average number of persons per house	... ..	5	1901

Area of District in acres  
(exclusive of area  
covered by water).

2770



EGREMONT URBAN DISTRICT.

*TABLE II.—Vital Statistics of separate Localities in 1908 and previous years.*

NAMES OF LOCALITIES.		1.—Egremont.			2.—Moor Row and Scalegill.			3.—Bigrigg.			
YEAR.		<i>Population estimated to middle of each year.</i>	<i>Deaths under 1 year.</i>	<i>Deaths at all ages.</i>	<i>Births Registered.</i>	<i>Population estimated to middle of each year.</i>	<i>Deaths under 1 year.</i>	<i>Deaths at all ages.</i>	<i>Births Registered.</i>	<i>Deaths under 1 year.</i>	<i>Deaths at all ages.</i>
1898	...	4200	69	17	1460	21	4	640	8	1	1
1889	...	4200	43	10	1460	14	3	640	6	13	3
1900	...	4200	69	15	1460	25	5	640	5	5	2
1901	...	3800	52	10	1460	11	4	640	10	0	0
1902	...	3800	59	5	1460	17	3	640	8	3	3
1903	...	4000	63	17	1460	26	5	640	12	6	6
1904	...	4000	56	16	1460	19	5	640	7	2	2
1905	...	4200	80	25	1460	25	6	640	6	1	4
1906	...	4200	45	14	1460	21	4	640	14	4	4
1907	...	4200	70	11	1460	18	3				
Averages of Years 1898 to 1907			60.6	14.0			19.7	4.2		8.9	2.3
1908	...	4200	56	14	1460	21	4	640	13	4	

NOTES—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block I may, if desired, be used for the whole district; and blocks 2, 3, etc., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV., thus, the totals of sub-columns a, b and c should agree with the figures for the year in the columns 2, 3 and 12, respectively, of Table I.: the gross total of the sub-column c should agree with the total of column 2 in Table IV., and the gross total of sub-column d with the total of column 3 in Table IV.



EGREMONT URBAN DISTRICT.

TABLE III.—*Cases of Infectious Disease notified during the year 1908*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.							
	At all Ages.	At Ages ×—Years						Egremont. 1	Moor Row and Scalgarl. 2	Bigrigg. 3	4	5	6	7	1	2	3	4	5	6	7
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and up'rds.														
Small-pox .. .																					
Cholera .. .																					
Diphtheria including Membranous Croup	9	1	6	2						7	2										
Erysipelas .. .	2									2											
Scarlet Fever .. .	20	1	4	9	5	1			20												
Typhus Fever .. .																					
Enteric Fever .. .																					
Relapsing Fever .. .																					
Continued Fever .. .																					
Puerperal Fever .. .																					
Plague .. .*																					
Totals ... ...	31	2	10	11	5	3			29	2											

NOTES.—The Localities adapted for this table should be the same as those in Tables II. and IV.

State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent.  
Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district.

\*This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district

× These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital—Galemire Hospital, near Moor Row.



## EGREMONT URBAN DISTRICT.

TABLE IV.—*Causes of, and Ages at, Death during year, 1908.*

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.					Total Deaths in Public Institutions in the district.		
	All Ages.	Under 1 year.	5 and under 5	15 and under 25	25 and under 65	65 and upwards	Under 10	10 to 29	30 to 59	60 and over	12	13	14	15
1	2	3	4	5	6	8	9	10	11	12	13	14	15	16
Small pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Whooping cough	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Diphtheria and membranous croup	...	...	1	1	1	1	1	1	1	1	1	1	1	1
Croup	...	...	3	3	3	3	3	3	3	3	3	3	3	3
Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Enteric	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Other continued	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea (See notes)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis (See notes)	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Puerperal fever (See notes)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other septic diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (See notes)	...	...	...	...	11	11	11	11	11	11	11	11	11	11
Other tubercular diseases	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Cancer, malignant disease (see notes)	...	...	...	...	2	2	2	2	2	2	2	2	2	2
Bronchitis	...	...	...	...	11	7	7	7	7	7	7	7	7	7
Pneumonia	...	...	...	...	11	1	4	4	4	4	4	4	4	4
Pleurisy	...	...	...	...	...	1	1	1	1	1	1	1	1	1
Other diseases of Respiratory organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of Liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature birth...	...	...	...	...	3	3	3	3	3	3	3	3	3	3
Diseases and accidents of parturition	...	...	...	...	1	1	1	1	1	1	1	1	1	1
Heart diseases	...	...	...	...	8	8	8	8	8	8	8	8	8	8
Accidents...	...	...	...	...	3	3	3	3	3	3	3	3	3	3
Suicides...	...	...	...	...	32	11	2	1	1	1	1	1	1	1
All other causes...	...	...	...	...	32	11	2	1	1	1	1	1	1	1
All causes	...	...	...	...	90	23	9	5	6	6	22	26	56	21
														13

No Public Institution in the District.

(a) In Table IV., all deaths of Residents occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of Non-residents occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of Table IV.

(b) See notes on Table I. as to the meaning of Residents and Non-residents, and as to the Public Institutions to be taken into account for the purposes of these Tables. The Localities in Table IV. should be the same as those in Tables II. and III.

(c) All deaths occurring in public institutions situated within the district, whether of Residents or of Non-residents, are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.

(d) The total deaths in the several Localities in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of 9-15, and the figures for the year in column 12 of Table I.

\* (e) Under the heading of Diarrhoea are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhea, Dysentery and Dysenteric diarrhoea, Choleraic Diarrhoea, Cholera and Cholera Nostras.

In addition, and as regards deaths of children under one year of age, under the heading Diarrhoea in column 3, Table IV., are to be included all deaths classified as Diarrhoeal diseases in Table V.

Under the heading of Enteritis in Table IV., are to be included only deaths over one year of age registered as due to Enteritis, Muco-enteritis, Gastro-enteritis, Gastric catarrh, Gastritis, and Gastro-intestinal catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, under the specific term "Diarrhoea." Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

(f) Under the headings of "Cancer" and "Puerperal Fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under Cancer should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhous, Epithelioma, Sarcoma, Villous tumour, and Papilloma of Bladder, Roentgen ulcer. Under Puerperal fever are to be included deaths from Pyæmia, Septicæmia, Suppuration, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hemorrhage, Malformations and Congenital hydrocephalus.

(h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.

(i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Serofulua.

(j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other Deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables,

## EGREMONT URBAN DISTRICT

TABLE V.—Infantile Mortality during the Year 1908

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month.	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under One Year.
All Causes {	Certified .. .																	
	Uncertified .. .																	
Common Infectious Diseases	Small-pox .. .																	
	Chicken-pox .. .																	
	Measles .. .																	
	Scarlet Fever .. .																	
	Diphtheria: Croup .. .																	
	Whooping Cough .. .																	
Diarrhoeal Diseases	Diarrhoea, all forms .. .																	
	Enteritis ( <i>not Tuberculous</i> ) .. .																	
	Gastritis, Gastrointestinal Catarrh .. .																	
	Premature Birth .. .	2					1	3										1
	Congenital Defects .. .																	
Wasting Diseases.	Injury at Birth .. .																	
	Want of Breast-Milk .. .																	
	Atrophy, Debility, Marasmus .. .	1																3
Tuberculous Diseases.	Tuberculous Meningitis .. .																	
	Tuberculous Peritonitis: Tabes Mesenterica .. .																	
	Other Tuberculous Diseases .. .																	
	Erysipelas .. .																	
	Syphilis .. .																	
	Rickets .. .																	
	Meningitis ( <i>not Tuberculous</i> ) .. .																	
	Convulsions .. .	1																
	Bronchitis .. .	1					1	2		1	1							
	Laryngitis .. .																	
	Pneumonia .. .																	
	Suffocation, overlaying .. .																	
	Other Causes .. .																	
		5		2	1	8	3	2	3									23

District (or sub-division) of Egremont

Births in the year { legitimate  
                          illegitimate

Population estimated to middle of 1908—6300

Deaths from all Causes at all Ages— 23

